

Declaration of Domestic Partnership

Board of Governors
of the Federal Reserve System

<i>Print Employee Information</i>		<i>Print Domestic Partner Information</i>	
Name		Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth

I. DECLARATION OF ELIGIBILITY

We, the above named persons, each declare that we meet the following eligibility requirements for domestic partnership:¹

1. We affirm that this domestic partnership began on or about a date at least six months prior to the date of execution of this Declaration.
2. We are both at least eighteen (18) years of age and mentally competent to sign this document.
3. We are each other's sole domestic partner and intend to remain so indefinitely.
4. Neither of us is married (either legally or by common-law) to, or legally separated from, anyone else.
5. We are not related by blood or marriage to a degree of closeness that would prohibit marriage in the state of our residence.
6. We reside together in the same residence and intend to do so indefinitely.
7. We are in a committed relationship and consider ourselves jointly responsible for each other's common welfare and financial obligations.
8. We are not in a relationship solely for the the purpose of obtaining benefits coverage.

II. CHANGES IN DOMESTIC PARTNERSHIP

9. One or both of us agree to notify the Board in the event there is any change in the status of our domestic partnership (e.g., if we no longer reside together or if we are no longer each other's sole domestic partner), or if any other information contained in this Declaration becomes inaccurate. We understand that the Board can rely on the information received from one domestic partner. We also understand that if the domestic partnership is terminated, then domestic partner benefits are also terminated.

III. GENERAL

10. We understand that the Board reserves the right to request proof that our domestic partnership meets all eligibility requirements for domestic partnership coverage. We agree to provide the Board with supporting documentation if requested to do so.
11. We agree that once this Declaration is filed with the Board we will comply with all Board policies that affect spousal or familial relationships (e.g., the Board's policy on employment of relatives) as though we were subject to these policies as a result of marriage or familial relationships.
12. We affirm that the children of the domestic partner are eligible for benefits.

IV. BENEFIT ADMINISTRATION

13. We understand that domestic partners are subject to the same Open Enrollment periods that govern all Board employees who are covered by, or applying for, Board benefits.
14. Domestic partners are subject to the same plan guidelines that govern all other participants in the Board's benefit programs. Where applicable, insurance policies govern all questions of coverage.

1. Domestic partnership is defined as two adults, of the same or opposite sex, who share a committed relationship with all of the characteristics.

V. INCOME TAX IMPLICATIONS

15. **Board-paid portion of domestic partner benefits.** I, _____, understand that the
Board Employee

Board will report as income to me the fair market value of any domestic partner benefits provided (as determined by the Board in its sole discretion), less any contribution paid by me for this coverage. I also understand that the Board will withhold all applicable taxes (as determined by the Board in its sole discretion) from the amounts so imputed as income to me. I understand that I am encouraged to consult with my tax advisor to determine my individual tax consequences and liabilities.

16. **Employee-paid portion of domestic partner benefits.** I, _____, also understand that
Board Employee
the employee-paid portion of the any domestic partner benefits must be paid with after-tax dollars.

VI. ELIGIBLE DEPENDENTS AND ELECTED COVERAGES

17. Please list your domestic partner and/or domestic partner's children whom you would like to have on file and check the coverages that you wish to provide (if any) for each (attach additional sheets, if necessary):

Domestic Partner

Domestic Partner Name (First, Middle Initial, Last)

Domestic Partner Sex

Coverage(s) Elected: ☐ Dental ☐ Vision ☐ Life Insurance
☐ Health Insurance Premium Reimbursement ☐ Relocation

New Dependent #1

Dependent SSN Dependent Name (First, Middle Initial, Last) Dependent's Relationship to Domestic Partner

Dependent Date of Birth Dependent Sex

Coverage(s) Elected: ☐ Dental ☐ Vision ☐ Life Insurance
☐ Health Insurance Premium Reimbursement ☐ Relocation

New Dependent #2

Dependent SSN Dependent Name (First, Middle Initial, Last) Dependent's Relationship to Domestic Partner

Dependent Date of Birth Dependent Sex

Coverage(s) Elected: ☐ Dental ☐ Vision ☐ Life Insurance
☐ Health Insurance Premium Reimbursement ☐ Relocation

New Dependent #3

Dependent SSN Dependent Name (First, Middle Initial, Last) Dependent's Relationship to Domestic Partner

Dependent Date of Birth Dependent Sex

Dependent Coverage(s) Elected: ☐ Dental ☐ Vision ☐ Life Insurance
☐ Health Insurance Premium Reimbursement ☐ Relocation

VII. ACKNOWLEDGMENTS

18. We understand, as is the case with all benefits the Board provides, the Board may terminate or change its policies concerning domestic partnership benefits at any time.
19. We have provided the information in this Declaration for the Board's use in determining our eligibility for the Board's domestic partnership benefits, which may include providing the information to companies administering the Board's benefits. We also acknowledge that, where applicable, the Board may use this information for determining compliance with Board policies, or as otherwise required by law.
20. Under penalty of perjury, we declare that the assertions in this Declaration are true to the best of our knowledge:

Employee's Signature²

Date

Domestic Partner's Signature

Date

2. I understand that falsification of information on this certification may lead to disciplinary action, up to and including termination from Board employment.
